01-03-05

# 32801

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<i>,</i>	R EXTENSION OF TIME UNDER 3	Docket Number (Optional)			
(Fees pursuant	FY 2005 to the Consolidated Appropriations Act,	00646/100D205-US1			
Application Nun	nber 09/429,832	Filed October 29, 1999			
For NOVEL	HUMAN ESTROGEN RECEPTOR $oldsymbol{eta}$				
Art Unit 1	646	, ,	Examiner	N. S. Basi	
This is a reques dentified applic	st under the provisions of 37 CFR 1.1 ation.	36(a) to extend the	period for filing a rep	oly in the above	
he requested	extension and fee are as follows (che	eck time period desir	red and enter the app	propriate fee below):	
		<u>Fee</u>	Small Entity Fee		
On	e month (37 CFR 1.17(a)(1))	\$120	\$60		
Tw	o months (37 CFR 1.17(a)(2))	\$450	\$225	\$	
X Thi	ree months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ 1,020.00	
For	ur months (37 CFR 1.17(a)(4))	\$1590	\$795	\$	
Five months (37 CFR 1.17(a)(5)) \$2160			\$1080	\$	
Applican	It claims small entity status. See 37	CFR 1.27.	•	•	
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X A check	in the amount of the fee is enclosed				
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PTO/SB/17 (12-04)
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FEE TRANS MITTAL For FY 2005    Applicant daims small entity status. See 37 CFR 1.27   Applicant daims small entity status. See 37 CFR 1.27   Art Unit   1646				red to respond to a collection of information unless it displays a valid OMB control nun  Complete if Known					
FOR FY 2005    Applicant daims small entity status. See 37 CFR 1.27   Applicant daims small entity status. See 37 CFR 1.27   Applicant daims small entity status. See 37 CFR 1.27   Ant Unit	Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Nur	nber				
FOR FY 2005    Applicant daims small entity status. See 37 CFR 1.27   Applicant daims small entity status. See 37 CFR 1.27   Applicant daims small entity status. See 37 CFR 1.27   Ant Unit				Filing Date					
Applicant claims small entity status. See 37 CFR 1.27  Art Unit 1646  TOTAL AMOUNT OF PAYMENT (\$) 1,020.00 Attorney Docket No. 00646/100D205-US1  METHOD OF PAYMENT (check all that apply)    X Check	**************************************			First Named Inv	ventor	Ramesh A. Bhat			
TOTAL AMOUNT OF PAYMENT (\$) 1,020.00   Attorney Docket No.   D0646/100D205-US1	FOF F Y 2005			Examiner Name	ne N. S. Basi				
Check   Credit Card   Money Order   None   Other (please identify):	Applicant claims small	Art Unit	1646						
Check	TOTAL AMOUNT OF PAYMENT (\$) 1,020.00			Attorney Docket	No.	00646/100D205-US1			
Deposit Account Deposit Account Number: 04-0100 Deposit Account Name: Darby & Darby P.C.  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Tharge any additional fee(s) or any underpayment of the filing fee (se(s) under 37 CFR 1.16 and 1.17  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  SEARCH FEES  Small Entity Smal	METHOD OF PAYMEN	T (check all th	nat apply)						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Except filling fee filling fee fee filling fee fee filling fee filling fee fee filling fee filling fee filling fee fee filling fee filling fee fee fee fee fee fee fee fee fee fe	X Check Credit C	ne Other (please identify):							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filing fee (s) charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17    FEE CALCULATION   The content of fee(s) and any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17    FEE CALCULATION   The content of fee(s)   Fee (s)	Deposit Account	Deposit Account I	Number: 04-0100	Deposit Account Na	ame:	Darby & D	arby P.C.		
X   Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17   X   Credit any overpayments   X   Credit any and credit   Cr	For the above-ident			-		k all that apply)	)		
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Small Entity   Fee (\$)   Fee (\$)	1. BASIC FILING, SEARCH	I, AND EXAM	IINATION FEES	<del></del>			-		
Paper					EXAMIN		3		
Design   200   100   100   50   130   65	Application Type				Fee (\$)		Fees Pa	id (\$)	
Plant	Utility	300	150 500	250	200	100			
Reissue   300   150   500   250   600   300       Provisional   200   100   0   0   0   0   0     2. EXCESS CLAIM FEES	Design	200	100 100	50	130	65			
Provisional   200   100   0   0   0   0   0   0   0	Plant	200	100 300	150	160	80			
Signature   Calcimite   Signature   Calcimite   Signature   Sign	Reissue	300	150 500	250	600	300			
Fee Description  Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent  Each claim over 3 or, for Reissues, each independent claim more than in the original patent  Each independent claims  Fee (\$) Fee Paid (\$)  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Indep	Provisional	200	100	0	0	0			
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent  Each claim over 3 or, for Reissues, each independent claim more than in the original patent  200 100  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  12 -20 =	2. EXCESS CLAIM FEES					,			
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims  Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims  12 -20 =	Fee Description	<b>.</b>		a : a					
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3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets								_	
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets	Indep. Claims Extra	Claims	Fee (\$) Fee	Paid (\$)					
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets	13=	x _	=						
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets				4. 4.				•. \	
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = /50 (round up to a whole number) x =   4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other: 1253 Extension for response within third month 1,020.00  SUBMITTED BY  Signature Registration No. (Attorney/Agent) 45,599 Telephone (212) 527-7700							for small ent	ity)	
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other: 1253 Extension for response within third month  SUBMITTED BY  Signature  Registration No. (Attorney/Agent)  Registration No. (Attorney/Agent)  45,599 Telephone (212) 527-7700							Fee Pa	aid (\$)	
Non-English Specification, \$130 fee (no small entity discount)  Other: 1253 Extension for response within third month  1,020.00  SUBMITTED BY  Signature  Registration No. (Attorney/Agent)  45,599 Telephone (212) 527-7700	100 =		/50	(round <b>up</b> to a wh	ole number)	х	=		
Other: 1253 Extension for response within third month 1,020.00  SUBMITTED BY  Signature Registration No. (Attorney/Agent) 45,599 Telephone (212) 527-7700	4. OTHER FEE(S)  Non-English Specificat	ion. \$130 fe	e (no small entity dis	scount)			Fees P	aid (\$)	
Signature Kurs Bull Krissis Registration No. (Attorney/Agent) 45,599 Telephone (212) 527-7700	Oil 4050 February Commence within third worth							0.00	
Signature Kurs Bull Krissis Registration No. (Attorney/Agent) 45,599 Telephone (212) 527-7700	SUBMITTED BY								
		Beho	+ Korini		45,599	Telephone	(212) 527	-7700	
							30, 2004		

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fication No. (if known): 09/429,832

Attorney Docket No.: 00646/100D205-US1

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Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1

Fee Transmittal Form for FY 2005 (1 page) Check in the amount of \$1,020.00 c⊭st\_

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